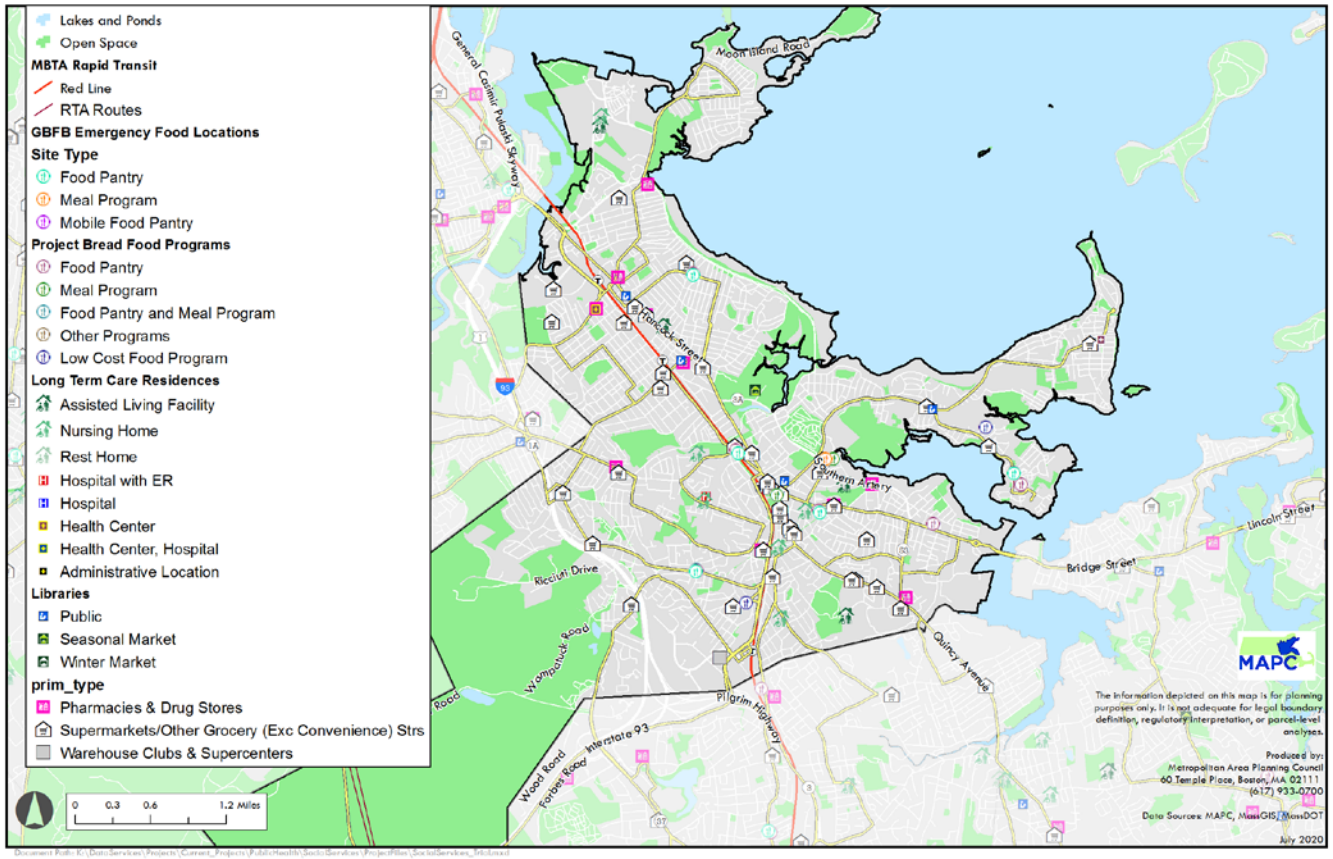
# Tool Logo

Click on map to start




## Explore Destinations

TRANSPORTATION

SOCIAL SERVICES AND COMMUNITY

MEDICAL

FOOD

## Plan A Trip

Navigation Pane: Home Button [] Back Button <--

# PLAN A TRIP

One Way  Round Trip  Multi City

From

To

Who

Special Considerations

What is trip for? (Medical, personal, etc.)

Create a Profile

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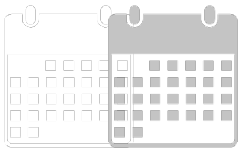
Navigation Pane:  Home Button []  Back Button <--

# PLAN A TRIP

One Way Round Trip Multi City

From To Who



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# PLAN A TRIP

One Way  Round Trip  Multi City

From  To  Who

From  To

Special Considerations

What is trip for? (Medical, personal, etc.)

See Route & Travel Options

Create a Profile

Navigation Pane:  Home Button []  Back Button <--

# PLAN A TRIP

## Options

From: XYZ

To: ABC

- ○ Option A:
- ○ Option B:
- ○ Option C:

Book your trip

## Providers & Resources

MBTA

Stations & Stops | Subway Lines | Bus Routes | Commuter Rail Lines | Ferry Routes | The RIDE

GATRA
Greater Attleboro Taunton Regional Transit Authority

bat
Official Website of the Brockton Area Transit Authority

Create a Profile

Navigation Pane: Home Button [] Back Button <–

# EXPLORE DESTINATIONS

TRANSPORTATION

SOCIAL SERVICES AND COMMUNITY

MEDICAL

FOOD

# Transportation – Options in your area

## RideMatch

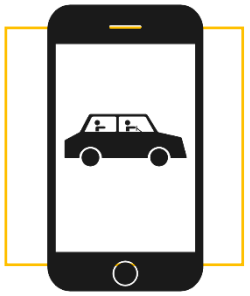
MBTA bus, train

Medical shuttles

Private Shuttles

CoA vans

## THE RIDE



## UBER, LYFT, CURB

# Social Services and Community

Religious institutions

Park/green space

Library

Shopping

Community/seniors

Recreational

# Healthcare and Medical

Doctor

PHARMACY

WALK-IN/URGENT CARE

HOSPITAL

# Food

Grocery Store

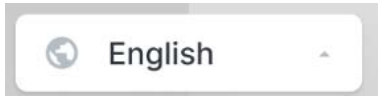
Restaurant

Food Assistance

Farmer's Markets

# Profile (Optional)

- Preferred Language




- Can client use public transportation?
  - Yes
  - No
- Are they aware of what is accessible by MBTA?
  - Yes
  - No

- Name: _____
- Address : _____
- Gender Identity : _____
- Monthly Income : _____
- Insurance : _____
- Recurring trip information for client:
  - Day of week
  - Appointment time
  - Destination
  - Departure time

*In house information*

Special Circumstances that driver needs to be aware of to insure a safe trip

*In house information*

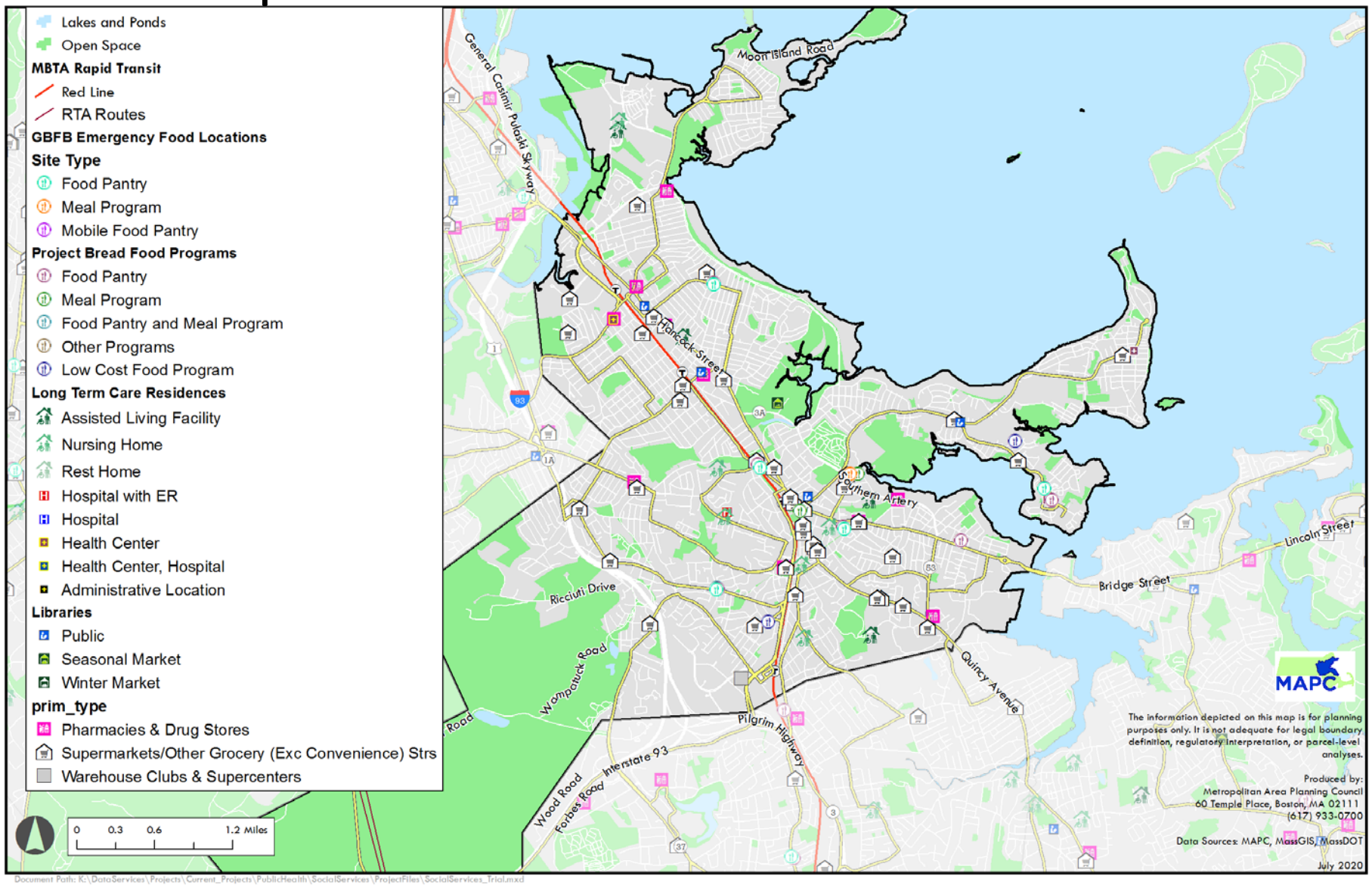
Social Determinants of Health Needs

Food insecurity
Housing instability
Utility Needs
Financial Resource Strain
Transportation
Exposure to Violence

Back to Book your trip

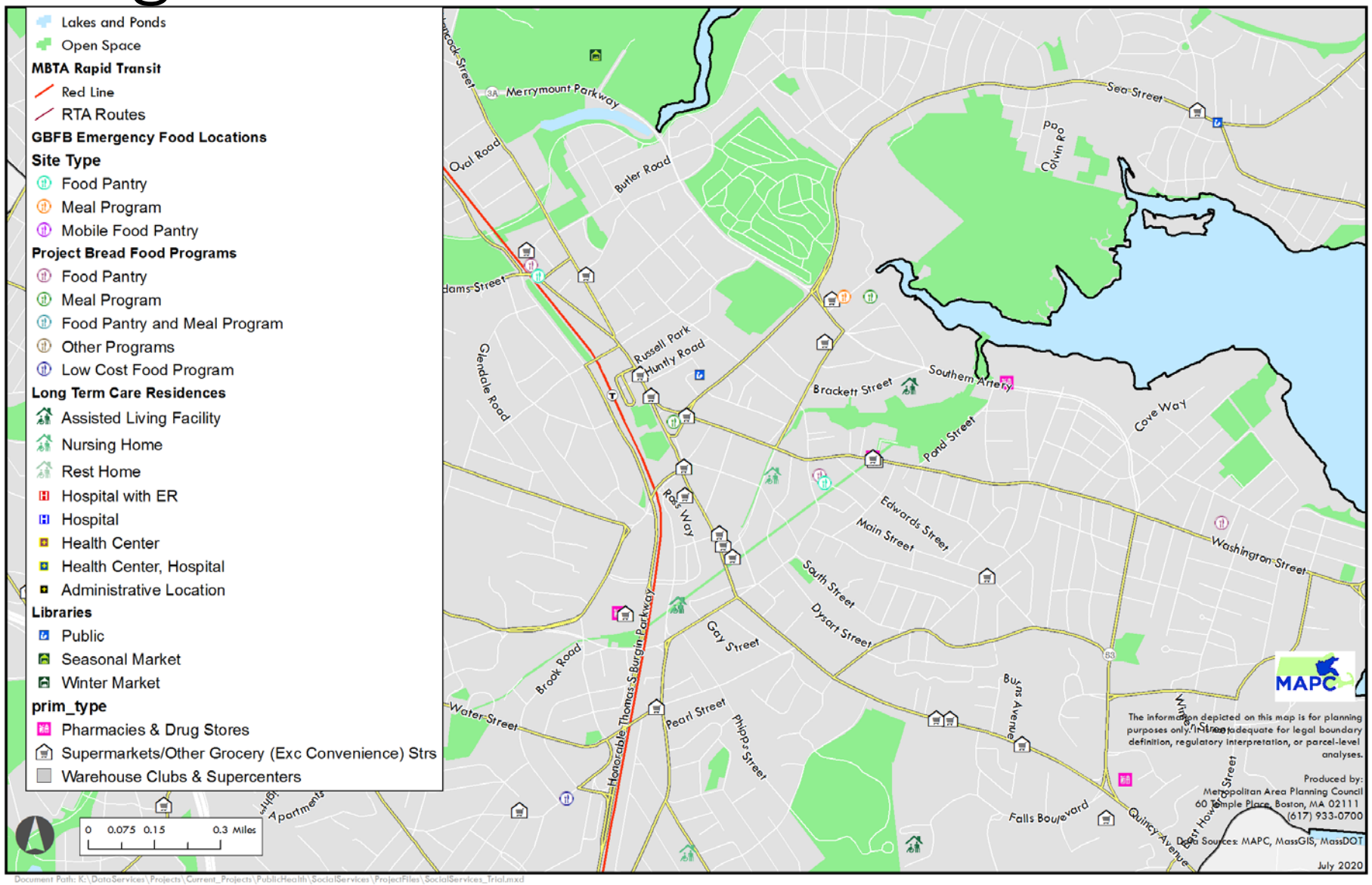
Navigation Pane: Home Button [] Back Button <--

# Municipal level view



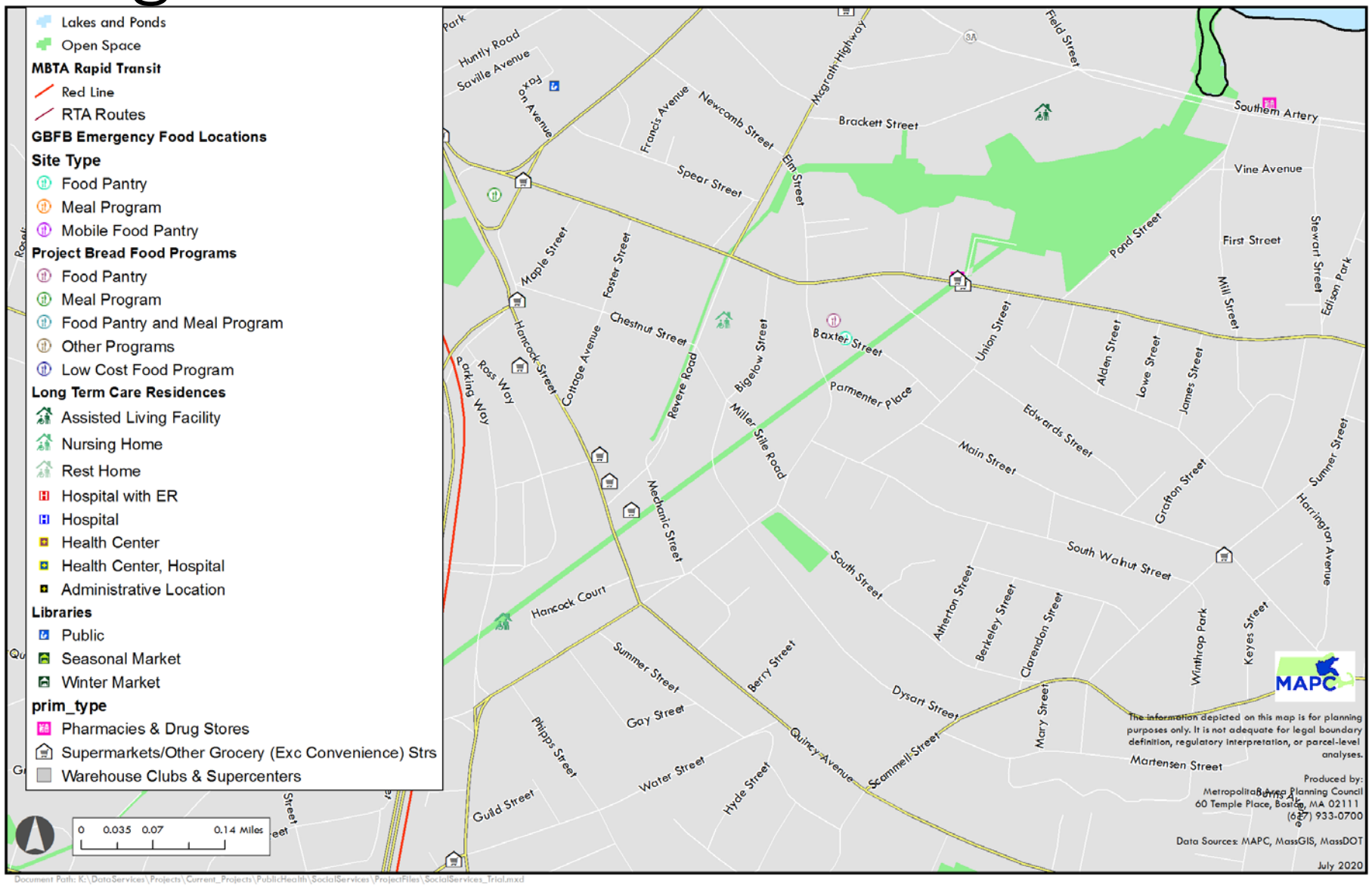

Click to Zoom on Area of Interest

# Neighborhood view 1




Click to Zoom on Area of Interest

# Neighborhood view 2




Click to Zoom on Area of Interest

# PAYMENT

BUSINESS

INDIVIDUAL

# Business Payment

ACCOUNT ID

MONTHLY BILLING

# Individual Payment

CREDIT/DEBIT

COUPON/VOUCHER

PAYPAL

PAY AT SITE/CASH ON BOARD

PT-1 PRESCRIPTION FOR TRANSPORTATION (MASSHEALTH)

# Agency Confirmation (Sample Content)

Name:

Date:

Time of pickup:

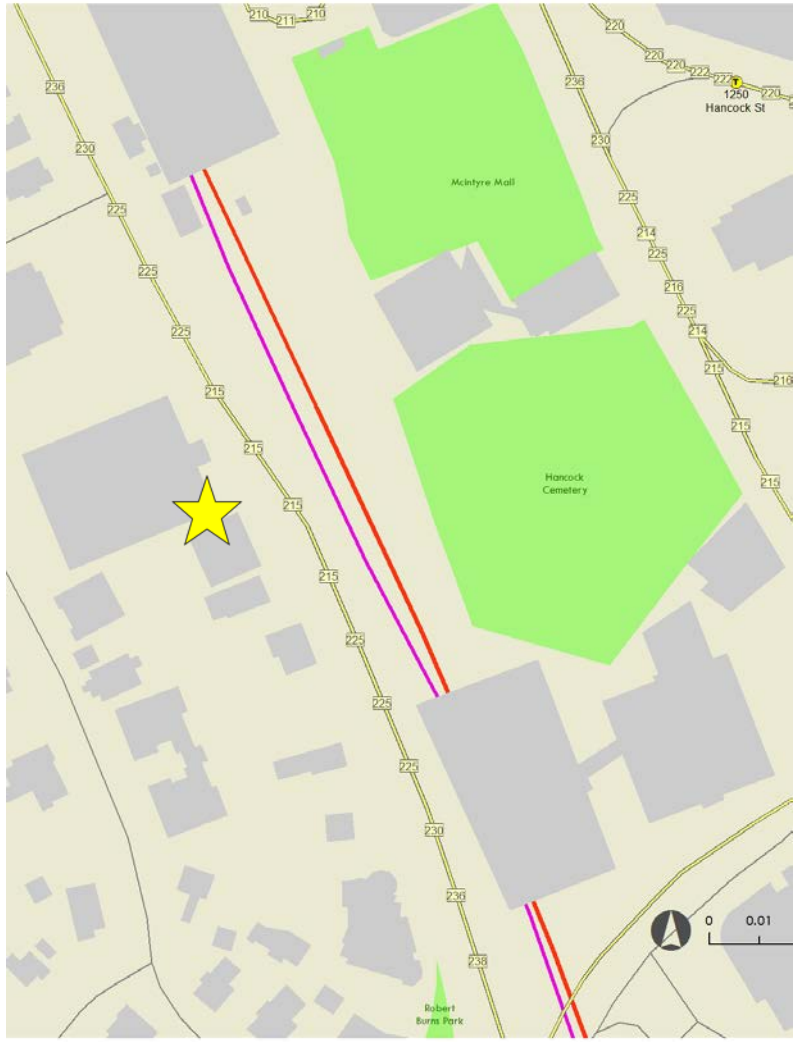
Pickup location and description:

Driver and vehicle information:

Time of drop off:

Dropoff location and description:

Directions from drop off location to destination:



# Confirmation Preference - Client

PRINT

EMAIL

TEXT

MAIL

CALL



LANGUAGE PREFERENCE

# Client Confirmation (Sample Content)

Name:

Date:

Time window of pickup:

Pickup location and description:

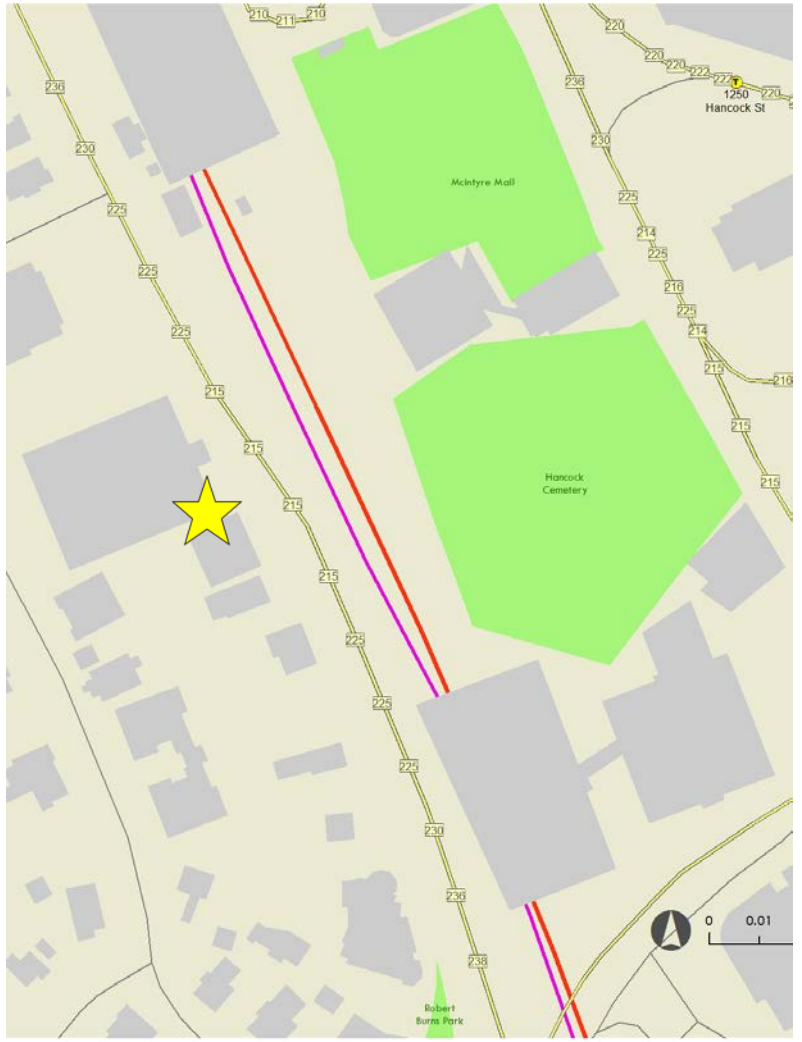
Driver name and vehicle information:

Driver phone number:

Time of drop off:

Dropoff location and description:

Directions from drop off location to destination:




Navigation Pane: Home Button [] Back Button <--

Cond\GIS\SouthShore_RideMatch_v2.mxd

# Driver Confirmation (Sample Content)

Client Name:

Date:

Time window of pickup:

Pickup location and description:

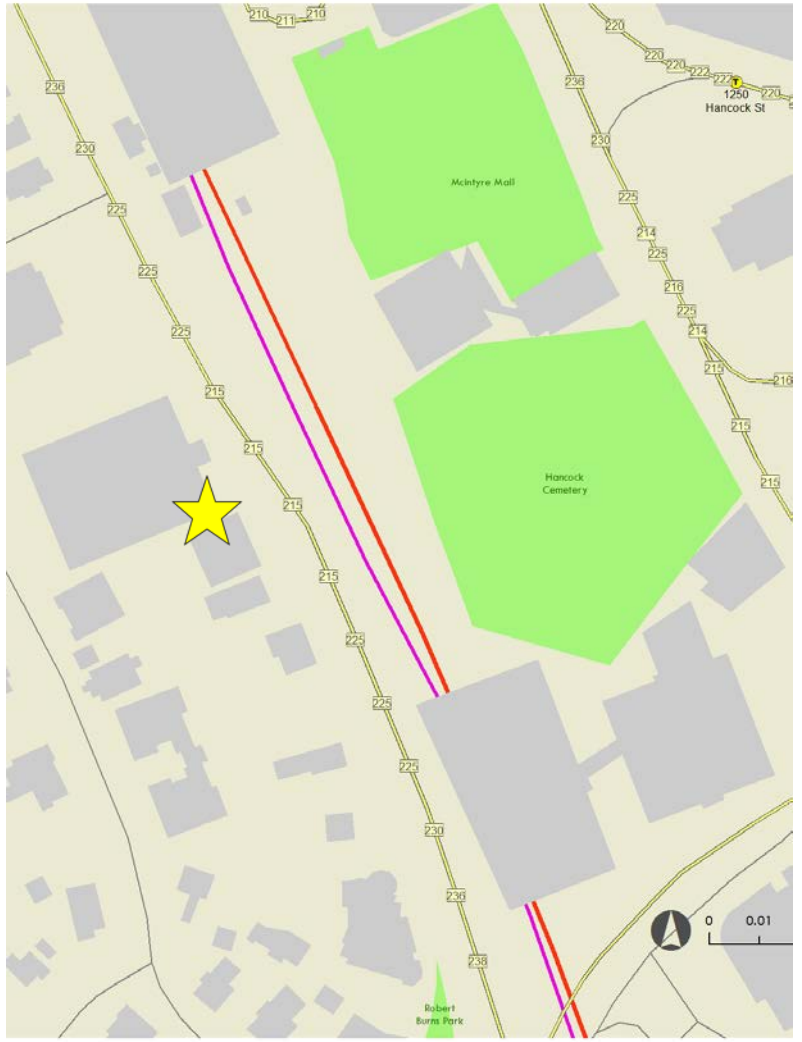
Client Preferred Language:

Client phone number:

Time of drop off:

Dropoff location and description:

Client's Care Coordinator name and phone:




Navigation Pane: Home Button [] Back Button <--

# Reminder Preferences

Email

Call

Text

None of the above

# Reminder Preferences: Select your language

English

Spanish

Mandarin

Portuguese

None of the above

# Reminder (Sample Content)

Name:

Date:

Time window of pickup:

Pickup location and description:

Driver name and vehicle information:

Driver phone number:

Time of drop off:

Dropoff location and description:

Directions from drop off location to destination:

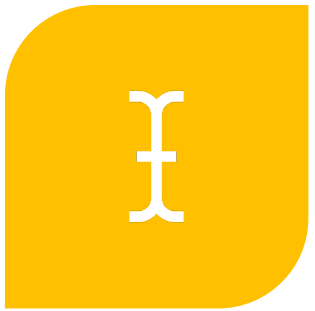
Navigation Pane: Home Button [] Back Button <--

Cond\GIS\SouthShore_RideMatch_v2.mxd

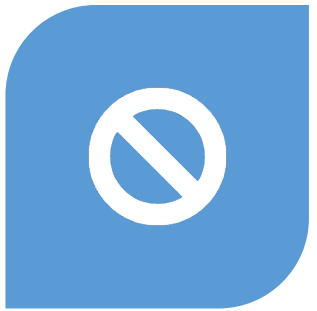
# Post-ride feedback preferences

EMAIL

CALL**



TEXT



NONE OF THE ABOVE*

*Clients with special needs can provide feedback through their caseworker on the website using the confirmation number

**Clients without a smartphone or tech access can call a live feedback line and provide feedback using the confirmation number

# Feedback Form

- Rate your ride

- Rate your driver

- Rate the timeliness of your ride

Please provide any feedback or suggestions for improvement: